Fill in this information	to identify your case:	
Debtor 1	Jeremy Glenn Boyle	
Debtor 2 (Spouse, if filing)	Emily Kay Gurley	
United States Bankru	uptcy Court for the: NORTHERN DISTRICT OF MISSISSIPPI	
	9-14324	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	<u>n 106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	■ Employed □ Not employed	■ Employed □ Not employed
	Include part-time, seasonal, or self-employed work.	Employer's name	Averitt Trucking Company	Walmart
	Occupation may include student or homemaker, if it applies.	Employer's address		702 S.W. 8th Street Bentonville, AR 72716
		How long employed th	nere?	_
	Cive Details About Man	th by Impound		

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,031.47 3,140.63 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 3,140.63 2,031.47

Official Form 106I Schedule I: Your Income page 1

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	tor 1 tor 2	Jeremy Glenn Boyle Emily Kay Gurley	_	(Case	number (<i>if k</i>	nown)	19-1	4324		
					For	Debtor 1			Debtor		
	Cor	by line 4 here	4.		\$	3,14	0.63	nor \$	n-filing s 2	spouse ,031.47	
_	-				· —	٠,: :		· —		,	_
5.		all payroll deductions:			_						
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_		7.83	\$_		394.83	
	5b.	Mandatory contributions for retirement plans	5b		\$_		0.00	\$_		0.00	_
	5c.	Voluntary contributions for retirement plans	50		\$_		4.34	\$_		0.00	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	50 5e		\$_ \$		0.00 2.67	\$_ \$		0.00	_
	5f.	Domestic support obligations	5f.		\$ -		5.02	\$-		0.00	
	5g.	Union dues	50		\$ -		0.00	\$_		0.00	
	5h.	Other deductions. Specify: Charity). 1.+	<u>\$</u> —			+ \$-		0.00	
6.	Ado	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$ \$	1,16		\$		394.83	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ \$	1,97		\$ \$,636.64	_
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross			~	1,37	5.44	~ _		,000.04	_
		receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	88		\$		0.00	\$_		0.00	_
	8b.	Interest and dividends	8b).	\$		0.00	\$_		0.00	<u>) </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c).	\$		0.00	\$		545.00)
	8d.	Unemployment compensation	80	d.	\$		0.00	\$		0.00	
	8e.	Social Security	86	€.	\$		0.00	\$_		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f		\$		0.00	\$_		0.00	<u> </u>
	8g.	Pension or retirement income	80		\$		0.00	\$_		0.00	
	8h.	Other monthly income. Specify:	8h	1.+	\$_		0.00	+ \$_		0.00	<u>) </u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$	(0.00	\$_		545.0	00
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		1,976.44	+ \$	2.	181.64	= \$	4,158.08
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				.,					1,100100
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	depe			•		•		e <i>J.</i> +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certallies					. ,		e. 12.	\$	4,158.08
										Combi	
13.		you expect an increase or decrease within the year after you file this form	1?							month	ly income
		Yes. Explain:									

Schedule I: Your Income

page 2

Official Form 106I

F:11:					
Fill in this inf	formation to identify your case:				
Debtor 1	Jeremy Glenn Boyle			k if this is:	
Debtor 2	Emily Kay Gurley		_	An amended filing	wing postpetition chapter
(Spouse, if filir					the following date:
United States	Bankruptcy Court for the: NORTHERN DISTRICT OF MISS	SISSIPPI	1	MM / DD / YYYY	
Case number (If known)	19-14324				
Official	Form 106J				
	ule J: Your Expenses				12/15
Be as comp information	elete and accurate as possible. If two married people all. If more space is needed, attach another sheet to this known). Answer every question.				or supplying correct
	Describe Your Household				
	a joint case?				
	Go to line 2. Does Debtor 2 live in a separate household?				
_ 103	■ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate House	hold of Debt	or 2.	
2. Do vou	ı have dependents? □ No				
-	list Debtor 1 and Yes Fill out this information for	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
Do not	state the				□ No
depend	lents names.	Daughter		12 years	Yes
		Son		14 years	□ No
		3011		14 years	■ Yes □ No
		Daughter		18 years	■ Yes
					□ No
3. Do vou	ir expenses include ■ No				☐ Yes
expens	ses of people other than of the same of th				
	Estimate Your Ongoing Monthly Expenses				
	our expenses as of your bankruptcy filing date unless y s of a date after the bankruptcy is filed. If this is a supp date.				
	enses paid for with non-cash government assistance is such assistance and have included it on <i>Schedule I</i> : 1061			Your exp	enses
(Official Fol	11 1001.)				
	ntal or home ownership expenses for your residence. Ints and any rent for the ground or lot.	Include first mortgage	4. \$		0.00
If not in	ncluded in line 4:				
4a. F	Real estate taxes		4a. \$		0.00
	Property, homeowner's, or renter's insurance		4b. \$		0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		4c. \$ 4d. \$		50.00
	nomeowner's association or condominium dues In in mortgage payments for your residence, such as ho	ome equity loans	4a. \$ 5. \$		0.00

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Bellettricity, healt, netural gas 6a. \$ 290.00 Ball Electricity, healt, netural gas 6b. Water, sewer, garbage collection 6b. \$ 50.00 Bellettricity, healt, netural gas 6c. \$ 350.00 Bellettricity, healt, netural gas 7c. \$ 800.00 Bellettricity, healt, netural gas 8c. \$ 150.00 Bellettricity, healt, netural gas 8c. \$ 100.00 Bellettricity, healt, netural gas 8c. \$		otor 1 Jeremy Glenn Boyle otor 2 Emily Kay Gurley	Case number	er (if known)	19-14324
6c. Valetr, sewer, garbage collection 6c. Telephone, cell phone, limberne,	6.	Utilities:			
6c. Telephone, call phone, Internet, satellite, and cable services 6d. Other, Specify; 6d. \$ 0.00 7. Food and housekeeping supplies 7. \$ 0.00 8. Childcare and children's education costs 8. \$ 150.00 9. Clothing, laundry, and dry cleaning 9. \$ 100.00 10. Personal care products and services 11. \$ 50.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$ 200.00 13. Transportation, Include gas, maintenance, bus or train fare. 14. \$ 200.00 15. Insurance. 16. Charitable contributions and religious donations 16. Literatisment, clubs, recreation, newspapers, magazines, and books 17. Insurance. 18. Entertainment, clubs, recreation, newspapers, magazines, and books 18. Insurance. 19. Charitable contributions and religious donations 19. Literatisment deducted from your pay or included in lines 4 or 20. 19. Literatisment deducted from your pay or included in lines 4 or 20. 19. Literatisment deducted from your pay or included in lines 4 or 20. 19. Literatisment deducted from your pay or included in lines 4 or 20. 19. Contribution insurance. \$ 156. \$ 0.00 19. Sectify: 19. Car payments or Vehicle section of the		6a. Electricity, heat, natural gas			290.00
6 d. S			6b. §	\$	
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